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## SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 2nd AMENDMENT AFTER 1st AMENDMENT AS FILED IND. DEP. DEP. DEP. IND. DEP. TOTAL IND. TOTAL IND. **\_**1 TOTAL DEP. TOTAL

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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